

## **Application Data Sheet**

### **Application Information**

<b>Filing Date::</b>	11/18/2003
<b>Application Type::</b>	Regular
<b>Subject Matter::</b>	Utility
<b>Suggested Group Art Unit::</b>	None
<b>CD-ROM or CD-R?::</b>	None
<b>Title::</b>	APPARATUS FOR MIXING AND DISPENSING A MULTI-COMPONENT BONE CEMENT
<b>Attorney Docket Number::</b>	2024730-7033212001 03-168 (US01)
<b>Request for Early Publication?::</b>	No
<b>Request for Non-Publication?::</b>	No
<b>Suggested Drawing Figures::</b>	6
<b>Total Drawing Sheets::</b>	8
<b>Small Entity::</b>	No
<b>Petition included?::</b>	No
<b>Secrecy Order in Parent Appl.?::</b>	No

### **Applicant Information**

<b>Applicant Authority type::</b>	Inventor
<b>Primary Citizenship Country::</b>	US
<b>Status::</b>	Full Capacity

<b>Given Name::</b>	Joseph C.
<b>Family Name::</b>	Eder
<b>City of Residence::</b>	Los Altos Hills
<b>State or Province of Residence::</b>	CA
<b>Country of Residence::</b>	US
<b>Street of mailing address::</b>	23423 Toyonta Road
<b>City of mailing address::</b>	Los Altos Hills
<b>Country of mailing address::</b>	US
<b>State or Province of mailing address::</b>	CA
<b>Postal or Zip Code of mailing address::</b>	94024
<b>Applicant Authority type::</b>	Inventor
<b>Primary Citizenship Country::</b>	US
<b>Status::</b>	Full Capacity
<b>Given Name::</b>	Scott
<b>Family Name::</b>	McGill
<b>City of Residence::</b>	San Ramon
<b>State or Province of Residence::</b>	CA
<b>Country of Residence::</b>	US
<b>Street of mailing address::</b>	730 Birdwood Court
<b>City of mailing address::</b>	San Ramon
<b>Country of mailing address::</b>	US
<b>State or Province of mailing address::</b>	CA
<b>Postal or Zip Code of mailing address::</b>	94583

<b>Applicant Authority type::</b>	Inventor
<b>Primary Citizenship Country::</b>	US
<b>Status::</b>	Full Capacity
<b>Given Name::</b>	Mukund R.
<b>Family Name::</b>	Patel
<b>City of Residence::</b>	San Jose
<b>State or Province of Residence::</b>	CA
<b>Country of Residence::</b>	US
<b>Street of mailing address::</b>	1532 Chaumont Drive
<b>City of mailing address::</b>	San Jose
<b>Country of mailing address::</b>	US
<b>State or Province of mailing address::</b>	CA
<b>Postal or Zip Code of mailing address::</b>	95118

## **Correspondence Information**

<b>Name::</b>	Bingham McCutchen, LLP
<b>Street of mailing address::</b>	Three Embarcadero, Suite 1800
<b>City of mailing address::</b>	San Francisco
<b>Country of mailing address::</b>	US
<b>State or Province of mailing address::</b>	CA
<b>Postal or Zip Code of mailing address::</b>	94111-4067
<b>Telephone::</b>	(650) 849-4400
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## Representative Information

**Representative Customer Number::** 23639

<b>Representative Designation::</b>	<b>Registration Number::</b>	<b>Name::</b>
Primary	37,104	David T. Burse

## Assignee Information

**Name::** Scimed Life Systems, Inc.

**Mailing address::** One Scimed Place, Maple Grove, MN 55311